FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H07650

DEVELOPMENTAL HEALTH CARE SERVICES, INC.

| Principal Place | e of Business | Mailing Address | | | <u></u> | | | |
|---|--|--|--|---|----------------------------|---|----------------------------------|--|
| C/O SUSAN DENEGAN SHORTRIDGE 7128 S.W. 93RD AVENUE GAINESVILLE FL 32608 | | C/O SUSAN DENEGAN SHORTRIDGE 7128 S.W. 93RD AVENUE GAINESVILLE FL 32608 | | | | | | |
| | | | | | DO NOT WRITE IN THIS SPACE | | | |
| CAMPLOVILLE | L 32000 | CHINEOTHEE TE BEGO | • | | | 3. Date Incorporated or Qualifed | • | |
| | | | | | | 06/09/1984 | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | | 4. FEI Number | Apı | plied For |
| 21 | | 26 | | | | 59-2414336 | No | t Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | \$8.75 A | |
| 22 | | 27 | | | | | Fee Re | |
| City & State | | City & State | | 6. Election Campaign Financing | \$5.00 | | | |
| 23 | Country | Zip | Count | tru | | Trust Fund Contribution | Added to | o rees |
| Zip | Country | | 30 | пу | | This corporation owes the current year Personal Property Tax. | Tintangible ☐ Yes | Min' |
| 24 | 9. Name and Address of Currer | 29 Agent | [30] | | | 10. Name and Address of New Register | | 7 75 |
| | 3. Haine and Address of Control | it regiotorea rigorit | 8 | 81 Na | ame | | | |
| SHO | rtridge, susan denegan | | _ | | | (20.2.1) | | |
| 7128 | S.W. 93RD AVENUE | | 8 | 82 St | treet Addr | ess (P.O. Box Number is Not Acceptable) | | |
| GAIN | NESVILLE FL 32608 | | 8 | B3 | | | £1. 1. 1. 1. 1. | |
| | | | ļ | | | |) 4 | |
| : | | | 8 | B4 Ci | ity | F | - L 85 Zip C | Jode |
| | | | | | | | | |
| agent. I a | m familiar with, and accept the obligation of th | itions of, Section 607.0505 | Florida Statute | es. | | on's board of directors. I hereby accept the ap | | |
| agent. I a | m familiar with, and accept the obligation of registered age | itions of, Section 607.0505 | Florida Statute | es. | | | AND DIRECTO | RS IN 12 |
| agent. I a SIGNATURE | m familiar with, and accept the obligation of the state of the obligation of the state of the obligation of the obligati | nt and title if applicable. (| Florida Statute NOTE: Registered A | es. gent sign | | d when reinstating) DATE | | · |
| agent. I a SIGNATURE 12. | m familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with a signature, typed or printed name of registered age OFFICERS AN PD SHORTRIDGE, SUSAN D. | nt and title if applicable. (ND DIRECTORS | Florida Statute NOTE: Registered A | es. gent sign | | d when reinstating) DATE | AND DIRECTO | RS IN 12 |
| agent. I a SIGNATURE 12. TITLE | Fignature, typed or printed name of registered age OFFICERS AN PD SHORTRIDGE, SUSAN D. 7128 S.W. 93RD AVENUE | nt and title if applicable. (ND DIRECTORS | NOTE: Registered At 13. E 1.1 TITLE 1.2 NAM | es. gent sign | nature required | d when reinstating) DATE | AND DIRECTO | RS IN 12 |
| agent. I a SIGNATURE 12. TITLE NAME | Fignature, typed or printed name of registered age OFFICERS AN PD SHORTRIDGE, SUSAN D. 7128 S.W. 93RD AVENUE GAINESVILLE FL | nt and title if applicable. (ID DIRECTORS DELETI | NOTE: Registered At 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY | es. gent sign E IE EET ADDI '-ST-ZIP | nature required | d when reinstating) DATE | AND DIRECTO | RS IN 12 |
| agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS | Signature, typed or printed name of registered age OFFICERS AN PD SHORTRIDGE, SUSAN D. 7128 S.W. 93RD AVENUE GAINESVILLE FL | nt and title if applicable. (ND DIRECTORS | NOTE: Registered At 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY | es. gent sign E IE EET ADDI '-ST-ZIP | nature required | d when reinstating) DATE | AND DIRECTO | RS IN 12 |
| agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | Signature, typed or printed name of registered age OFFICERS AN PD SHORTRIDGE, SUSAN D. 7128 S.W. 93RD AVENUE GAINESVILLE FL ST SHORTRIDGE, RICHARD E. | nt and title if applicable. (ID DIRECTORS DELETI | NOTE: Registered At 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY | es. gent sign E E EET ADDI '-ST-ZIP | nature required | d when reinstating) DATE | AND DIRECTO | RS IN 12 |
| agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | Familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with a signature, typed or printed name of registered age OFFICERS AN PD SHORTRIDGE, SUSAN D. 7128 S.W. 93RD AVENUE | nt and title if applicable. (ID DIRECTORS DELETI | Tiorida Statute NOTE: Registered Age | es. gent sign E E EET ADDI '-ST-ZIP | nature required | d when reinstating) DATE | AND DIRECTO | RS IN 12 |
| agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | Signature, typed or printed name of registered age OFFICERS AN PD SHORTRIDGE, SUSAN D. 7128 S.W. 93RD AVENUE GAINESVILLE FL ST SHORTRIDGE, RICHARD E. | ations of, Section 607.0505 Int and title if applicable. (ND DIRECTORS DELETI DELETI | NOTE: Registered At 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 2.4 C | es. gent sign E E EET ADDI /-ST-ZIP E EET ADD | RESS | d when reinstating) DATE | AND DIRECTO Change | RS IN 12 Addition |
| agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE | Familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with a signature, typed or printed name of registered age OFFICERS AN PD SHORTRIDGE, SUSAN D. 7128 S.W. 93RD AVENUE | nt and title if applicable. (ID DIRECTORS DELETI | Florida Statute NOTE: Registered Ar 13. 1.1 TITLE 1.2 NAM 1.3 STRE 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITLE 3.1 TITLE 4.1 TITLE 5.1 TITLE 5.1 TITLE 6.1 TITLE 7.1 TITLE | es. gent sign E EET ADDI '-ST-ZIP E EET ADD Y-ST-ZIP | RESS | d when reinstating) DATE | AND DIRECTO | RS IN 12 |
| agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME | Familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with a signature, typed or printed name of registered age OFFICERS AN PD SHORTRIDGE, SUSAN D. 7128 S.W. 93RD AVENUE | ations of, Section 607.0505 Int and title if applicable. (ND DIRECTORS DELETI DELETI | NOTE: Registered As 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM | es. gent sign E IE EET ADDI /-ST-ZIP E IE EET ADD Y-ST-ZIP E | RESS | d when reinstating) DATE | AND DIRECTO Change | RS IN 12 Addition |
| agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS | Familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with a signature, typed or printed name of registered age OFFICERS AN PD SHORTRIDGE, SUSAN D. 7128 S.W. 93RD AVENUE | ations of, Section 607.0505 Int and title if applicable. (ND DIRECTORS DELETI DELETI | NOTE: Registered Ar 13. | es. gent sign E IE EET ADDI /-ST-ZIP E EET ADD Y-ST-ZIP E EET ADD | RESS RESS | d when reinstating) DATE | AND DIRECTO Change | RS IN 12 Addition |
| agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP | Familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with a signature, typed or printed name of registered age OFFICERS AN PD SHORTRIDGE, SUSAN D. 7128 S.W. 93RD AVENUE | ations of, Section 607.0505 Int and title if applicable. (ND DIRECTORS DELETI DELETI DELETI | NOTE: Registered As 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 3.4 CITY 3.4 CITY 3.4 CITY 3.4 CITY 3.4 CITY 3.7 STRE | gent sign E E EET ADDI /-ST-ZIP E EET ADD Y-ST-ZIP E EET ADD Y-ST-ZIP E EET ADD Y-ST-ZIP | RESS RESS | d when reinstating) DATE | AND DIRECTO Change Change | RS IN 12 Addition |
| agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | Familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with a signature, typed or printed name of registered age OFFICERS AN PD SHORTRIDGE, SUSAN D. 7128 S.W. 93RD AVENUE | ations of, Section 607.0505 Int and title if applicable. (ND DIRECTORS DELETI DELETI | Florida Statute NOTE: Registered As 13. | es. gent sign E E E E E E E E E E E E E | RESS RESS | d when reinstating) DATE | AND DIRECTO Change | RS IN 12 Addition Addition |
| agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | Familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with a signature, typed or printed name of registered age OFFICERS AN PD SHORTRIDGE, SUSAN D. 7128 S.W. 93RD AVENUE | ations of, Section 607.0505 Int and title if applicable. (ND DIRECTORS DELETI DELETI DELETI | Florida Statute NOTE: Registered At 13. | es. gent sign E II E EET ADD Y-ST-ZIP E EET ADD E EET ADD Y-ST-ZIP E EET ADD E EET ADD E E E E E E E E E E E E | RESS PRESS | d when reinstating) DATE | AND DIRECTO Change Change | RS IN 12 Addition Addition |
| agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | Familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with a signature, typed or printed name of registered age OFFICERS AN PD SHORTRIDGE, SUSAN D. 7128 S.W. 93RD AVENUE | ations of, Section 607.0505 Int and title if applicable. (ND DIRECTORS DELETI DELETI DELETI | Florida Statute NOTE: Registered At 13. | es. gent sign E II E EET ADD Y-ST-ZIP E EET ADD Y-ST-ZIP E EET ADD E EET ADD E E EET ADD E E E E E E E E E E E E | RESS PRESS PRESS | d when reinstating) DATE | AND DIRECTO Change Change | RS IN 12 Addition Addition |
| agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | Familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with a signature, typed or printed name of registered age OFFICERS AN PD SHORTRIDGE, SUSAN D. 7128 S.W. 93RD AVENUE | ations of, Section 607.0505 Int and title if applicable. (ND DIRECTORS DELETI DELETI DELETI | Florida Statute NOTE: Registered At 13. | es. gent sign E II E EET ADD Y-ST-ZIP E EET ADD Y-ST-ZIP E ME EET ADD H G H G H G H H H H H H H | RESS PRESS PRESS | d when reinstating) DATE | AND DIRECTO Change Change | RS IN 12 Addition Addition |
| agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | Familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with a signature, typed or printed name of registered age OFFICERS AN PD SHORTRIDGE, SUSAN D. 7128 S.W. 93RD AVENUE | itions of, Section 607.0505 Int and title if applicable. (ID DIRECTORS DELETI DELETI DELETI DELETI | Florida Statute NOTE: Registered At 13. | es. gent sign E E EET ADD Y-ST-ZIP E EET ADD | RESS PRESS PRESS | d when reinstating) DATE | AND DIRECTO Change Change | RS IN 12 Addition Addition Addition |
| agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | Familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with a signature, typed or printed name of registered age OFFICERS AN PD SHORTRIDGE, SUSAN D. 7128 S.W. 93RD AVENUE | itions of, Section 607.0505 Int and title if applicable. (ID DIRECTORS DELETI DELETI DELETI DELETI | Florida Statute NOTE: Registered At 13. | es. gent sign E E EET ADD Y-ST-ZIP E EET ADD | RESS PRESS PRESS | d when reinstating) DATE | AND DIRECTO Change Change | RS IN 12 Addition Addition Addition |
| agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS | Familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with a signature, typed or printed name of registered age OFFICERS AN PD SHORTRIDGE, SUSAN D. 7128 S.W. 93RD AVENUE | itions of, Section 607.0505 Int and title if applicable. (ID DIRECTORS DELETI DELETI DELETI DELETI | Florida Statute NOTE: Registered A 13. | es. gent sign E E EET ADD E EET ADD Y-ST-ZIP E EET ADD E EET ADD F E EET ADD F E EET ADD F E E EET ADD E E EET ADD E E EET ADD E E E E E E E E E E E E | RESS PRESS PRESS PRESS | d when reinstating) DATE | AND DIRECTO Change Change | RS IN 12 Addition Addition Addition |
| agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | Familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with a signature, typed or printed name of registered age OFFICERS AN PD SHORTRIDGE, SUSAN D. 7128 S.W. 93RD AVENUE | itions of, Section 607.0505 Int and title if applicable. (ID DIRECTORS DELETI DELETI DELETI DELETI | Florida Statute NOTE: Registered A 13. 1.1 TITLE | es. gent sign E II E EET ADD Y-ST-ZIP E EET ADD Y-ST-ZIP E EET ADD Y-ST-ZIP E EET ADD F E E EET ADD F E E E E E E E E E E E E | RESS PRESS PRESS PRESS | d when reinstating) DATE | AND DIRECTO Change Change | RS IN 12 Addition Addition Addition |
| agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | Familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with a signature, typed or printed name of registered age OFFICERS AN PD SHORTRIDGE, SUSAN D. 7128 S.W. 93RD AVENUE | itions of, Section 607.0505 Int and title if applicable. (IND DIRECTORS DELETI DELETI DELETI DELETI DELETI | Florida Statute NOTE: Registered A 13. 1.1 TITLE | es. gent sign E E E E E E E E E E E E E | RESS PRESS PRESS PRESS | d when reinstating) DATE | AND DIRECTO Change Change Change | RS IN 12 Addition Addition Addition Addition |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the carperation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an antach rient with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 10, 1999 8:00am

Secretary of State

02-10-1999 90057 020 ***150.00